

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TITLE OF INVENTION:

SEALLESS ROTARY BLOOD PUMP

the specification of which

(check one)

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| <input checked="" type="checkbox"/> | Is attached hereto. |
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|--|---------------|----------------------------|-------------------------------------|
| | Was Filed On: | As Application Serial No.: | And was amended on: (if applicable) |
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patents of inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: NONE

Prior Foreign Application(s)

Priority Claimed

YES NO

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|--------|---------|----------------------|--|--|
| NUMBER | COUNTRY | DAY/MONTH/YEAR FILED | | |
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| NUMBER | COUNTRY | DAY/MONTH/YEAR FILED | | |
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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| APPLICATION SERIAL NO. 08/603,536 | FILING DATE February 20, 1996 | STATUS: (PATENTED, PENDING, ABANDONED) Pending |
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| APPLICATION SERIAL NO. | FILING DATE | STATUS: (PATENTED, PENDING, ABANDONED) |
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| APPLICATION SERIAL NO. | FILING DATE | STATUS: (PATENTED, PENDING, ABANDONED) |
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I hereby appoint the following attorney(s) and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: George H. Gerstman Registration No. 22,419, Garrettson Ellis, Registration No. 22,792, Terrence W. McMillin, Registration No. 30,476 and Daniel M. Gurfinkel, Registration No. 34, 177.

Address all telephone calls to George H. Gerstman at telephone number (312) 263-4350.

Address all correspondence to George H. Gerstman, Gerstman, Ellis & McMillin, Ltd., Two North LaSalle Street, Suite 2010, Chicago, Illinois 60602.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|--|--|---------------------------|--------------|
| FULL NAME OF SOLE OR FIRST INVENTOR | | INVENTOR'S SIGNATURE | DATE |
| Richard K. Wampler | | <i>Richard K. Wampler</i> | Aug 11, 1997 |
| RESIDENCE | | CITIZENSHIP | |
| 7827 Prospect Court, Granite Bay, CA 95746 | | U.S.A. | |
| POST OFFICE ADDRESS | | | |
| 7827 Prospect Court, Granite Bay, CA 95746 | | | |
| FULL NAME OF SECOND JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| | | | |
| RESIDENCE | | CITIZENSHIP | |
| | | | |
| POST OFFICE ADDRESS | | | |
| | | | |
| FULL NAME OF THIRD JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| | | | |
| RESIDENCE | | CITIZENSHIP | |
| | | | |
| POST OFFICE ADDRESS | | | |
| | | | |
| FULL NAME OF FOURTH JOINT INVENTOR, IF ANY | | INVENTOR'S SIGNATURE | DATE |
| | | | |
| RESIDENCE | | CITIZENSHIP | |
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| POST OFFICE ADDRESS | | | |
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| Applicant or Patentee: Richard K. Wampler | Serial or Patent No.: | Filed or Issued: | Attorney Docket No.: 14233-CIP |
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| For: SEALLESS ROTARY BLOOD PUMP | | | |

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR §§ 1.9(f) AND 1.27(c)) -- SMALL BUSINESS CONCERN**

I hereby declare that I am:

- () the owner of a small business concern identified below
 (x) an official of the small business concern empowered to act on behalf of the concern identified below:

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| Name and Address of Concern: KRITON MEDICAL, INC. c/o George H. Gerstman Two North LaSalle Street Chicago, Illinois 60602 |
|--|

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR § 121.3-18, and reproduced in 37 CFR § 1.9(d), for purposes of paying reduced fees under § 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed five hundred (500) persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled:

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| SEALLESS ROTARY BLOOD PUMP |
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by inventor(s):

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| Richard K. Wampler |
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described in:

- (x) the specification filed herewith.
 () the application serial no. ___, filed ____.
 () the patent no. ___, issued ____.

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If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no right to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR §1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR §1.9(d) or a nonprofit organization under 37 CFR §1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR §1.27)

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|---|
| Name: |
| Address: |
| Status: <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization |

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| Name: |
| Address: |
| Status: <input type="checkbox"/> Individual <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Nonprofit Organization |

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR §1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

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| Name, Title and Address of Person Signing: |
| Name: Robert B. Fine |
| Title: President |
| KRITON MEDICAL, INC. |
| c/o George H. Gerstman |
| Two North LaSalle Street |
| Chicago, Illinois 60602 |

Signature: Robert B. Fine

Date: July 8, 1997

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